County: Milwaukee Facility ID: 4230 Page 1

HILLVIEW HEALTHCARE CENTER

1615 SOUTH 22ND STREET MI LWAUKEE 53204

Phone: (414) 671-6830 Ownership: Corporati on Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 90 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 107 Average Daily Census: 69

Number of Residents on 12/31/00: 73

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	41. 1
Supp. Home Care-Personal Care	No					1 - 4 Years	23. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	1.4	Under 65	9. 6	More Than 4 Years	35. 6
Day Services	No	Mental Illness (Org./Psy)	11.0	65 - 74	17.8		
Respite Care	No	Mental Illness (Other)	12. 3	75 - 84	34. 2		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	30. 1	***************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	8. 2	Full-Time Equivale	nt
Congregate Meals	No	Cancer	2. 7			Nursing Staff per 100 R	esi dents
Home Delivered Meals	No	Fractures	4. 1		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	12. 3	65 & 0ver	90. 4		
Transportation	No	Cerebrovascul ar	20. 5			RNs	8. 9
Referral Service	No	Diabetes	11.0	Sex	%	LPNs	10. 1
Other Services	No	Respi ratory	2. 7			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	21.9	Male	30. 1	Aides & Orderlies	37. 8
Mentally Ill	No			Female	69. 9		
Provi de Day Programming for		[100.0			1	
Developmentally Disabled	No				100. 0		

Method of Reimbursement

		Medi			Medi c	ai d											
		(Titl	e 18)	((Title	19)		0th	er	P	ri vate	Pay		Manage	ed Care		Percent
			Per Die	em	n Per Diem		m	Per Diem		m	n Per Diem			n Per Diem 1			Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	2	3. 5	\$121.42	0	0. 0	\$0.00	0	0. 0	\$0.00	1	100. 0	\$400.00	3	4. 1%
Skilled Care	3	100. 0	\$150.00	37	64. 9	\$104. 17	0	0. 0	\$0.00	9	75. 0	\$123.00	0	0. 0	\$0.00	49	67. 1%
Intermediate				18	31.6	\$86. 92	0	0. 0	\$0.00	3	25. 0	\$119.00	0	0. 0	\$0.00	21	28.8%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Depender	t 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	3	100. 0		57 1	100. 0		0	0.0		12	100.0		1	100. 0		73	100. 0%

HILLVIEW HEALTHCARE CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi t	ions, Services,	and Activities as of 12/3	31/00
Deaths During Reporting Period							
		1			% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	4. 5	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent 1	Resi dents
Private Home/With Home Health	1.5	Bathi ng	1. 4		53. 4	45. 2	73
Other Nursing Homes	7. 6	Dressi ng	19. 2		32. 9	47. 9	73
Acute Care Hospitals	86. 4	Transferring	34. 2		23. 3	42. 5	73
Psych. HospMR/DD Facilities	0.0	Toilet Use	34. 2		27. 4	38. 4	73
Rehabilitation Hospitals	0.0	Eati ng	27. 4		49. 3	23. 3	73
Other Locations	0.0	***********	*******	******	**********	*********	******
Total Number of Admissions	66	Continence		%	Special Treat	tments	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	12. 3	Recei vi ng l	Respi ratory Care	8. 2
Private Home/No Home Health	4.4	Occ/Freq. Incontine	nt of Bladder	74. 0	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	17. 6	0cc/Freq. Incontine	nt of Bowel	46.6	Recei vi ng	Sucti oni ng	1.4
Other Nursing Homes	1.5	1			Recei vi ng	Ostomy Care	2. 7
Acute Care Hospitals	33.8	Mobility			Recei vi ng	Tube Feeding	9. 6
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	4. 1	Receiving 1	Mechanically Altered Diets	45. 2
Rehabilitation Hospitals	0. 0	ĺ				· ·	
Other Locations	2. 9	Skin Care			Other Resider	nt Characteristics	
Deaths	39. 7	With Pressure Sores		12. 3	Have Advan	ce Directives	100. 0
Total Number of Discharges		With Rashes		4. 1	Medi cati ons		
(Including Deaths)	68	İ			Receiving 1	Psychoactive Drugs	75. 3

	(Ownershi p:		Size:	Li ce	ensure:		
	Thi s	Proj	ori etary	100-	199	Ski l	l ed	All	
	Facility Peo		Group	Peer Group		Peer Group		Facilities	
	%	%	Rati o	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	64. 5	74.6	0. 86	83. 3	0. 77	81. 9	0. 79	84. 5	0. 76
Current Residents from In-County	97. 3	84. 4	1. 15	85.0	1. 14	85. 6	1.14	77. 5	1. 26
Admissions from In-County, Still Residing	42. 4	20. 4	2. 08	19. 2	2. 21	23. 4	1.81	21.5	1. 97
Admissions/Average Daily Census	95. 7	164. 5	0. 58	196. 7	0. 49	138. 2	0.69	124. 3	0.77
Discharges/Average Daily Census	98. 6	165. 9	0. 59	194. 3	0. 51	139. 8	0.70	126. 1	0. 78
Discharges To Private Residence/Average Daily Census	21. 7	62. 0	0. 35	76. 2	0. 29	48. 1	0. 45	49. 9	0.44
Residents Receiving Skilled Care	71. 2	89. 8	0. 79	91. 2	0. 78	89. 7	0.79	83. 3	0.85
Residents Aged 65 and Older	90. 4	87. 9	1.03	93. 9	0. 96	92. 1	0. 98	87. 7	1.03
Title 19 (Medicaid) Funded Residents	78. 1	71. 9	1.09	60. 4	1. 29	65. 5	1. 19	69. 0	1. 13
Private Pay Funded Residents	16. 4	15. 0	1.09	26. 5	0. 62	24. 5	0.67	22.6	0.73
Developmentally Disabled Residents	1.4	1. 3	1.04	0.6	2. 19	0. 9	1. 54	7. 6	0. 18
Mentally Ill Residents	23. 3	31. 7	0. 73	26.6	0.88	31. 5	0.74	33. 3	0.70
General Medical Service Residents	21. 9	19. 7	1. 11	22. 9	0. 96	21.6	1.01	18. 4	1. 19
Impaired ADL (Mean)	58. 4	50. 9	1. 15	48. 7	1. 20	50. 5	1. 16	49. 4	1.18
Psychological Problems	75. 3	52. 0	1. 45	50. 4	1.49	49. 2	1. 53	50. 1	1. 50
Nursing Care Required (Mean)	10. 4	7. 5	1. 39	7. 3	1. 44	7. 0	1.48	7. 2	1.46